•	PART B - FEE(S) TRANSMITTAL									7
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CHICAGO, IL 60654 06/07/2006 YPOLITE2 00000022 500728 09836501						FRAUL 502+1 (Depositor's nam				
	C:1501 1400.00	-	June 2, 2006 (Date				\dashv			
•- •	APPLICATION NO.	FIRST NAMED INVEN			OR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.	司	
	09/836,501	Lawrence l	M. Kaplaı	89US	8539	_				
	TITLE OF INVENTION: GEOGRAPHIC DATABASE INCLUDING DATA INDICATING WIRELESS COVERAGE AND METHOD AND SYSTEM FOR USE THEREOF									
APPLN. TYPE		SMALL ENTITY	SMALL ENTITY ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE	
	nonprovisional	nonprovisional NO \$140 EXAMINER ART UP				\$0	UBCLASS		06/06/2006	
	EXAN					ASS-SUBCLASS				
	ARTHUR JEANGL	ARTHUR JEANGLAUD, GERTRUDE		3661		701-208000				
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									<u>-</u> <u>e</u> i
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) CHICAGO, IL									
	Please check the appropriate	e assignee category or catego	ries (will not be pri	nted on the pa	atent) :	Individual Co	orporation or o	ther private gr	oup entity Governm	ent
	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500728 (enclose an extra copy of this form).									
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•	Authorized Signature	Just	Kon			Date		2,		
	Typed or printed name _	FRANK J	KOZÁK	<u> </u>		Registration N	10. <u>32</u>	,908	<u> </u>	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to propose an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to conthis form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.										ess) and lete .O. 50,
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